

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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